

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/088131

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS							
IND.	DEP.	IND.	DEP.	IND.	DEP.	* IND.		* DEP.		* IND.		* DEP.	
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